

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known) Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Chicago Smiles LLC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	20-3929136	
4. Debtor's address	Principal place of business 227 W Monroe Street Suite 205 Chicago, IL 60606 Number, Street, City, State & ZIP Code Cook County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://www.chicago-smiles.com/	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor Chicago Smiles LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. **Check all that apply:**

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	Case number, if known _____

Debtor Chicago Smiles LLC Case number (if known) _____
Name

11. **Why is the case filed in this district?** *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?** ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. **Estimated Assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. **Estimated liabilities**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Chicago Smiles LLC Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 21, 2025
MM / DD / YYYY

X /s/ Mark Santucci
Signature of authorized representative of debtor

Mark Santucci
Printed name

Title Manager

18. Signature of attorney **X** /s/ William Factor
Signature of attorney for debtor

Date May 21, 2025
MM / DD / YYYY

William Factor 6205675
Printed name

The Law Office of William J. Factor, Ltd
Firm name

105 W. Madison St., Suite 2300
Chicago, IL 60602
Number, Street, City, State & ZIP Code

Contact phone _____ Email address wfactor@wfactorlaw.com

6205675 IL
Bar number and State

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known)

Chapter 11

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Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

05/19/2025
MM / DD / YYYY

X

Signature of authorized representative of debtor

Mark Santucci

Printed name

Title Manager

18. Signature of attorney

X

Signature of attorney for debtor

Date

5/20/2025

MM / DD / YYYY

William Factor 6205675

Printed name

The Law Office of William J. Factor, Ltd

Firm name

105 W. Madison St., Suite 2300

Chicago, IL 60602

Number, Street, City, State & ZIP Code

Contact phone

Email address

wfactor@wfactorlaw.com

6205675 IL

Bar number and State

Fill in this information to identify the case:

Debtor name Chicago Smiles LLC
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Align Technology 2820 Orchard Parkway San Jose, CA 95134						\$10,025.28
American Express PO Box 981535 El Paso, TX 79998						\$39,712.30
American Express PO Box 981535 El Paso, TX 79998						\$3,291.78
Bank of America Business Card PO Box 15710 Wilmington, DE 19850-5710	assist@customerassist.bankofamerica.com	Revolving credit				\$18,851.70
BHG 318 S. Clinton St. Suite 400 & 500 Syracuse, NY 13202	Taylor Bowman taylor.bowman@ccmr3.com (305) 394-4473	Credit Card		\$224,247.99	\$0.00	\$224,247.99
BHG 318 S. Clinton St. Suite 400 & 500 Syracuse, NY 13202	jennifer.wroe@ccmr3.com			\$66,186.93	\$0.00	\$66,186.93
BHG - BHG Business Credit Card CCMR3 318 S. Clinton St. Suite 400 & 500 Syracuse, NY 13202						\$21,530.74
CAN Capital, Inc. 1850 Parkway Place Suite 1150 Marietta, GA 30067		Insurance payments Dental Office Equipment		\$188,657.68	Unknown	\$188,657.68

Debtor Chicago Smiles LLC
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Chase Ink - Chase Business Credit Card PO Box 15299 Wilmington, DE 19850-5299						\$87,778.90
FundBox 5760 Legacy Dr. Ste. B3-535 Plano, TX 75024	resolutions@fundbox.com			\$23,270.60	\$0.00	\$23,270.60
OnDeck 1400 Broadway, 25th Floor New York, NY 10018	rmartinez2@ondeck.com			\$28,356.59	\$0.00	\$28,356.59
Patterson Dental 500 North 1st Street Saint Paul, MN 55101	Deborah Biendara deborah.biendara@pattersoncompanies.com (651) 405-5792			\$8,296.07	\$0.00	\$8,296.07
PNC Bank - PNC Business Credit Card PO Box 1030 Kalamazoo, MI 49009	PNCBankCardStatements@pnc.com (800) 544-3623	Credit Card				\$28,213.62
PNC Bank, N.A. 650 Trade Centre Way Suite 500 Mailstop Z1-BTCW-05-Z Portage, MI 49002-0411	cory.baldwin@pnc.com	Dental Office Equipment		\$490,233.61	Unknown	\$490,233.61
Prince and Parker & Associates 1065 W. Levoy Drive Suite 100 Taylorsville, UT 84123						\$6,381.09
Rapid Finance 4500 East West Highway, 6th floor Bethesda, MD 20814	lioneldorsey@rapidfinance.com	Loan		\$56,528.73	Unknown	\$56,528.73
Revenued LLC 525 Washington Blvd, 22nd Floor Jersey City, NJ 07310	Theodore Jon Cohen NOTICES@ABFServicing.com (310) 586-2433	Loan	Disputed	\$9,559.02	Unknown	\$9,559.02
SBA PO Box 3918 Portland, OR 97208-3918	CovidEIDL Servicing@sba.gov	EIDL Loan		\$2,000,000.00	\$0.00	\$2,000,000.00

Debtor Chicago Smiles LLC Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
The Hartford Insurance Company One Hartford Plaza Hartford, CT 06155	businesscenter@mail.service.thehartford.com	insurance				\$7,503.11
US Bank Cardmember Service P(O Box 790408 Saint Louis, MO 63179-0408						\$8,455.37

Align Technology
2820 Orchard Parkway
San Jose, CA 95134

American Express
PO Box 981535
El Paso, TX 79998

American Express
PO Box 981535
El Paso, TX 79998

Bank of America Business Card
PO Box 15710
Wilmington, DE 19850-5710

BHG
318 S. Clinton St.
Suite 400 & 500
Syracuse, NY 13202

BHG
318 S. Clinton St.
Suite 400 & 500
Syracuse, NY 13202

BHG - BHG Business Credit Card
CCMR3
318 S. Clinton St. Suite 400 & 500
Syracuse, NY 13202

CAN Capital, Inc.
1850 Parkway Place
Suite 1150
Marietta, GA 30067

Chase Ink - Chase Business Credit Card
PO Box 15299
Wilmington, DE 19850-5299

FundBox
5760 Legacy Dr.
Ste. B3-535
Plano, TX 75024

Lionel Dorsey
Rapid Finance®
4500 East West Highway, 6th Floor Bethes
Bethesda, MD 20814

NDX Keller
160 Larkin Williams Ind Ct
Fenton, MO 63026

OnDeck
1400 Broadway, 25th Floor
New York, NY 10018

Patterson Dental
500 North 1st Street
Saint Paul, MN 55101

Phillips Healthcare/Discuss Dental LLC
Attn: Accounts Receivable
PO Box 847632
Dallas, TX 75284-7632

PNC Bank - PNC Business Credit Card
PO Box 1030
Kalamazoo, MI 49009

PNC Bank, N.A.
650 Trade Centre Way
Suite 500 Mailstop Z1-BTCW-05-Z
Portage, MI 49002-0411

Prince and Parker & Associates
1065 W. Levoy Drive
Suite 100
Taylorsville, UT 84123

Rapid Finance
4500 East West Highway, 6th floor
Bethesda, MD 20814

Revenued LLC
525 Washington Blvd, 22nd Floor
Jersey City, NJ 07310

Revenued LLC
2225 Campus Drive
Suite 100
El Segundo, CA 90245

Revenued LLC
525 Washington Blvd., 22nd Floor
Jersey City, NJ 07310

SBA
PO Box 3918
Portland, OR 97208-3918

The Hartford Insurance Company
One Hartford Plaza
Hartford, CT 06155

Tishman Speyer
45 Rockefeller Plaza
New York, NY 10111

US Bank Cardmember Service
P(O Box 790408
Saint Louis, MO 63179-0408

**United States Bankruptcy Court
Northern District of Illinois, Eastern Division**

In re Chicago Smiles LLC

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Chicago Smiles LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 21, 2025

Date

/s/ William Factor

William Factor 6205675

Signature of Attorney or Litigant

Counsel for Chicago Smiles LLC

The Law Office of William J. Factor, Ltd

105 W. Madison St., Suite 2300

Chicago, IL 60602

Fax:

wfactor@wfactorlaw.com